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January 31, 2017

FILED VIA ECFS

Marlene H. Dortch, Secretary Federal Communications Commission 445 12th Street, SW, Room TW-B204 Washington, D.C. 20554

Re: FCC Form 555 Annual Lifeline Report and Certification WC Docket No. 14-171

State of Illinois, SAC 349009

Dear Ms. Dortch:

Enclosed is the FCC Form 555 Annual Lifeline Report and Certification on behalf of Illinois Valley Cellular RSA 2-II.

This was certified online with the Universal Service Administrative Company on January 31, 2017.

Please contact the undersigned if any questions arise.

Respectfully submitted,

from M. Chruff

Steven M. Chernoff

Attorney for Illinois Valley Cellular RSA 2-II

Encl.

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

349009		143000825
Study Area Code (SAC) (An Eligible Telecommunications	s Carrier (ETC) must provide a ce	Service Provider Identification Number (SPIN) rtification form for each SAC through which it provides Lifeline service).
2016	IL	Illinois Valley Cellular RSA 2-II
Recertification Year	State	ETC Name
n/a		n/a
DBA, Marketing, or Other (If same as ETC name, list "N/A")	Branding Name Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting company	y have affiliated ETCs?	Yes No 💿
letermined in accordance with Secti	ion 3(2) of the Communications A	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
For purposes of this filing	an officer is an occupant	of a position listed in the article of incorporation, articles of
formation, or other similar legates aws (or partnership agreement	t), and would typically be p	s a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance, her is a sole proprietorship, the owner must sign the certification.
formation, or other similar leg aws (or partnership agreemen comptroller, treasurer, or a con	t), and would typically be p	is a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance, her is a sole proprietorship, the owner must sign the certification.
formation, or other similar leg aws (or partnership agreemen comptroller, treasurer, or a con	t), and would typically be propagation. If the file cation All ETCs must complete to	is a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance, her is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Certificant in the company liste. A) Review income and prograthat, to the best of my kn	th), and would typically be proparable position. If the file cation All ETCs must complete to above has certification productions and eligibility document towledge, the company was	is a person who occupies a position specified in the corporate by- bresident, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification. This section because in place to:
Section 1: Initial Certificant in the company liste. A) Review income and prograthat, to the best of my kn income and/or program-bas	th, and would typically be propagation. If the file cation All ETCs must complete to a above has certification propagation. The company was an eligibility prior to his or lity by relying upon access	s a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance, per is a sole proprietorship, the owner must sign the certification. This section The cedures in place to: Intation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household ther enrollment in Lifeline; and/or To a state database and/or notice of eligibility from the state
dection 1: Initial Certificant of the company liste. A) Review income and prograthat, to the best of my kn income and/or program-bas. B) Confirm consumer eligibil Lifeline administrator prior	th, and would typically be proparable position. If the file cation All ETCs must complete to a dabove has certification propagation. The company was sed eligibility prior to his or lity by relying upon access to enrolling a consumer in the company was the company was to enrolling a consumer in the company was t	s a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance, per is a sole proprietorship, the owner must sign the certification. This section The cedures in place to: Intation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household ther enrollment in Lifeline; and/or To a state database and/or notice of eligibility from the state

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
6	0	0	0	6

Recertification Results:

F	G	H = (F-G)	1	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
6	3	3	0	3

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial	mo	
HANK CHOCK		(1) - C. V.

AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
,	. (List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
6	3	50.0%

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes O

No 🗿

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q	
Month	Subscribers De-Enrolled for Non-Usage	
January	0	
February	0	
March	0	
April	0	
May	0	
June	0	
July	0	
August	0	
September	0	
October	0	
November	0	
December	0	
Total Subscribers	0	

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Certified Online
Signature of Officer
mowens@ivcel.com
Email Address of Officer
Michelle Owens

Person Completing This Certification Form

Michelle Owens CFO

Printed Name and Title of Officer
01/31/2017
Date

815-795-3200

Contact Phone Number